



Supplementary Policy Conditions

for Lump-Sum Benefits for Serious Illness and Disability (Tariff ci_KIDS), Edition 2017

Generali Personal Insurance Ltd., 8134 Adliswil

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Supplementary Policy Conditions

1. General

The lump-sum benefit for serious illness or disability can be insured as a supplement to a main insurance and/or whole-life assurance, or as a pension in the event of incapacity to work.

2. Our benefits

2.1. Basic principles

We pay you the sum insured if the insured person suffers one of the named events (see section 2.2.) during the agreed term of the policy and the preconditions for benefits (see section 2.3.) are met.

2.2. Insured events

The following events are covered by the insurance:

- Cancer;
- Blindness;
- Deafness;
- Paraplegia/quadriplegia;
- Transplant of one of the following organs: heart, lung, liver, kidney;
- Loss of an arm;
- Loss of a leg;
- Third-degree burns covering at least 30% of the body surface area.

2.3. Definition of insured events and preconditions for benefits

2.3.1. Definition of cancer and preconditions for entitlement to insurance benefits

The term cancer includes all malignant tumours which cannot be removed completely (in toto) by surgery and/or cannot be treated curatively. There is an entitlement to insurance benefits when all of the following conditions are met:

- A diagnosis in accordance with the above definition was issued by a specialist doctor in Switzerland on the basis of a histological finding;
- The first diagnosis was made at least six months after the start of the contract;
- The insured person must survive for at least 30 days from the time of the first diagnosis.

2.3.2. Definition of blindness and preconditions for entitlement to insurance benefits

Blindness is defined as when the eyesight of the insured person is so severely limited that in comparison to the healthy eye, only a residual visual acuity of 0.3 or less remains, or there is a restriction of the visual field to 15

degrees or less from the centre, i.e. a total visual field angle of not more than 30 degrees. The loss of sight in both eyes is irreversible and cannot be improved by medical or optical means.

There is an entitlement to insurance benefits when all of the following conditions are met:

- A diagnosis in accordance with the above definition must be issued by a specialist doctor in Switzerland;
- The first diagnosis was made at least six months after the start of the contract;
- The insured person survives for at least 30 days from the time of the accident or the time of the first diagnosis.

2.3.3. Definition of deafness and preconditions for entitlement to insurance benefits

Deafness is defined as a loss of hearing of 70% or more of the capacity of the healthy ear, that is to say a difficulty in hearing sounds in both ears in the frequency range of the spoken word at 2kHz, where an audiogram (bone conduction) shows a loss of hearing of at least 60dB. The loss of hearing cannot be improved by medical or technical means. All cases of

psychogenic loss of hearing or hearing loss caused by neurotic disorders do not count as deafness as defined here.

There is an entitlement to insurance benefits when all of the following conditions are met:

- A diagnosis in accordance with the above definition must be issued by a specialist doctor in Switzerland;
- The first diagnosis was made at least six months after the start of the contract;
- The insured person survives for at least 30 days from the time of the accident or the time of the first diagnosis.

2.3.4. Definition of a paraplegia/quadruplegia and preconditions for entitlement to insurance benefits

Paraplegia or quadriplegia is an irreversible condition of paralysis with the loss of motor, sensory and/or autonomic body functions caused by transection of or injury to the spinal cord.

There is an entitlement to insurance benefits when all of the following conditions are met:

- A diagnosis in accordance with the above definition must be issued by a specialist doctor in Switzerland;
- The first diagnosis was made at least six months after the start of the contract;
- The insured person survives for at least 30 days from the time of the accident or the time of the first diagnosis.

2.3.5. Definition of an organ transplant and preconditions for entitlement to insurance benefits

The insured person is registered on the waiting list or a transplant was carried out as recipient of one of the organs stated in Section 2.2 received from an organ donor.

There is an entitlement to insurance benefits when all of the following conditions are met:

- A specialist doctor in Switzerland confirms that the operation took place, or that the insured person is registered on the waiting list and since when;
- The transplantation or first registration on a waiting list took place at least six months after the start of the contract;

- The insured person survives for at least 30 days from the time of the transplant or registration on the waiting list.

2.3.6. Definition of loss of an arm and preconditions for entitlement to insurance benefits

Loss of an arm is defined as the permanent loss of an arm or part of the arm above the wrist.

There is an entitlement to insurance benefits when all of the following conditions are met:

- A diagnosis in accordance with the above definition must be issued by a specialist doctor in Switzerland;
- The first diagnosis was made at least six months after the start of the contract;
- The insured person survives for at least 30 days from the time of the accident or the time of the first diagnosis.

2.3.7. Definition of loss of a leg and preconditions for entitlement to insurance benefits

Loss of a leg is defined as the permanent loss of a leg above the knee.

There is an entitlement to insurance benefits when all of the following conditions are met:

- A diagnosis in accordance with the above definition must be issued by a specialist doctor in Switzerland;
- The first diagnosis was made at least six months after the start of the contract;
- The insured person survives for at least 30 days from the time of the accident or the time of the first diagnosis.

2.3.8. Definition of burns and preconditions for entitlement to insurance benefits

A severe burn is defined as a third-degree burn covering at least 30% of the body surface area which requires inpatient treatment at a hospital.

There is an entitlement to insurance benefits when all of the following conditions are met:

- A diagnosis in accordance with the above definition and confirmation of the extent of the burns by a specialist department of a hospital;

- The first diagnosis was made at least six months after the start of the contract;
- The insured person survives for at least 30 days from the time when the severe burns occurred.

3. Scope of insurance cover

The insurance cover is provided worldwide. Item 6.2. of these Policy Conditions remain reserved.

If the insured person's occupational or personal situation or health changes after the insurance enters into effect, the resulting increased risk is covered unless the change is in connection with actions that lead to an exclusion of benefits pursuant to article 4 of these Policy Conditions.

If the insured event is caused by your and/or the insured person's gross negligence, and provided benefits are not to be excluded pursuant to article 4 of these conditions, Generali shall waive the right to reduce the benefits even if it were entitled by law to do so.

4. Exclusion of benefits

We will not provide any benefits if the insured event was caused

- in connection with attempted suicide;
- due to congenital defects and the resulting consequences;
- through the deliberate causation of an illness or accident, or through deliberate self-injury;
- as a result of illnesses or disabilities or the consequences thereof that have been identified or treated before the policy was issued, unless such illnesses or disabilities were specified in the application and included in the insurance cover by Generali;
- in connection with riots or political unrest in which the insured person actively participates, military service outside Switzerland, armed conflicts, acts of war or war-like activities inside or outside Switzerland;
- as perpetrator or voluntary participant in crimes or offences or the preparation of crimes or offences or as an active participant in violent conflicts;
- through an act by which the insured person exposes himself or herself to a particularly large risk

without taking measures to limit the risk to what is reasonable.

5. Evidence of the entitlement to insurance benefits

5.1. We are to be notified immediately if an event occurs and a precondition for insurance benefits is met according to Sections 2.2 and 2.3.

The doctor treating the insured person shall send a report on a printed form stating together with the expected duration and degree of the inability to work to our company doctor.

The policyholder, the beneficiary and the insured person shall at our request arrange for the doctor or hospital responsible or any other of the persons listed in item 5.3. who have prepared files or reports on the cause, start and course of the illness or the circumstances of the accident to deliver to us all medical files or reports (e.g. hospital discharge report) we require, and/or allow our company doctor to inspect these reports.

If the insured person is not in Switzerland or the Principality of Liechtenstein, Generali can require the examinations to determine entitlement to take place in Switzerland at the policyholder's expense.

5.2. Generali shall be entitled to require further information and evidence or obtain such itself in order to determine its benefit obligations (e.g. medical expertises, social insurance files, documentation from other private insurers, salary and tax statements). If necessary, it can require a report by a medical examiner.

5.3. The policyholder, the beneficiary and the insured person shall be obliged to participate to the full in furnishing proof of the entitlement to benefits. In particular, upon request they shall be obliged to provide Generali in writing all information about all the facts known to them about the claim or any facts that might be related to the claim for the purpose of investigating the entitlement to benefits. The insured person or his or her legal representative shall also be obliged to authorise Generali to obtain information from the persons and institutions listed below and to inspect files to the extent that Generali considers necessary to assess the entitlement to benefits in the above sense. This authorisation must include the release of the following persons and institutions from professional secrecy, official se-

crecy or medical confidentiality with respect to Generali:

Hospitals, doctors, psychologists, therapeutic specialists; medically trained persons instructed to provide medical care for the insured person, and their assistants; health insurance funds, health and accident insurance companies, the SUVA, military insurance, AHV and IV offices; life insurance companies and pension funds, reinsurers and employers.

5.4. Generali shall be entitled to set the policyholder, the beneficiary and the insured person a reasonable deadline for complying with their duties pursuant to items 5.1. to 5.3.; failure to meet the deadline will lead to the loss of the entitlement under the insurance.

6. Territorial application, termination of cover when residing abroad

6.1. Insurance cover is extended worldwide.

6.2. If the insured person moves his legal residence or place of permanent residence outside Switzerland (without the Principality of Liechtenstein), unless otherwise agreed, this supplementary insurance will expire on the date of cancellation of registration of residence in Switzerland.

7. Termination of the supplementary insurance

Unless cancelled prematurely, the supplementary insurance shall expire at the end of the agreed insurance period or on payment of the insured capital. The insurance cover also expires if the principal insurance is converted into a paid-up policy or elapses prior to the agreed term.

8. Cancellation, surrender and conversion

8.1. You can cancel this supplementary insurance at the end of each insurance year.

8.2. The supplementary insurance cannot be converted into a paid-up insurance or surrendered.

9. Duty to minimize damages

The policyholder or the beneficiary, as the case may be, shall be obliged to apply reasonable measures to ensure that the damage occurring is minimized. This shall include the insured person consulting a specialist in the event of an illness, physical injury complying with his instructions and undergoing any reasonable treatment.

Similarly, the insured person can be required to register with the Federal Disability Insurance (IV) and to apply his or her efforts to facilitate his or her professional reintegration, in particular by means of the measures proposed by the IV (e.g. re-training).

Generali shall be entitled to set the beneficiary a reasonable deadline to comply with his or her duties to minimize damages, failing which Generali shall be entitled to reduce or refuse the benefits.

10. Breach of obligation without fault

If in the light of the circumstances the breach of an obligation pursuant to item 5.4. (in conjunction with items 5.1. to 5.3.), articles 9 appears to be without fault, the legal disadvantage threatened in the provision in question shall not occur pursuant to Art. 45 of the Federal Insurance Contracts Act.

If Generali has set a deadline for the fulfilment of an obligation (e.g. provision of information pursuant to items 5.2. and 5.3., issue of a power of attorney pursuant to item 5.3., measures pursuant to article 9), the policyholder or the beneficiary shall be entitled to make good any failure to act for reasons for which he or she was not at fault as soon as the obstacle ceases to apply.

11. Participation in profits

This insurance is based on a tariff without participation in profit-sharing.